EMERGENCY 06/09/08
PT# 31459241 MR# 376774
BRADWAY ,TONY
05/23/1982 26 M EMR
EMR, DOCTOR 777789

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Peconic Bay Medical Center

EMERGENCY NURSING RECORD

Alcohol Intox / Substance Abuse

TRIAGE DATE ~~6/10~~ error 6/9/08 TIME 1204
(emergent) urgent non-urgent ☐ PC ☒ MAIN

NAME: Bradway, Tony
D.O.B 5/23/82 AGE: 26 (M) / F
HISTORIAN: (patient) paramedics family Sou th. PD
ARRIVAL MODE: car EMS (police)
PCP: (none)
^IMMUNIZATIONS: (current) / referral
tetanus 2005 flu NO pneumovax NO

TREATMENT PTA see EMS report IV O₂
last blood glucose

VITALS Height 6 0 Weight 210 lb 95.5kg
BP 140 / 75 P 120 RR 18 temp 98.7 TM (O)R Ax
SaO_2 97% (RA) / O_2 GCS 15

PAIN LEVEL current: 0 /10 max /10 acceptable /10
scale used 0-10 quality location

CHIEF COMPLAINT Pt reports ingesting
started 7 (hrs) / days ago 4-5 grams of cocaine
INGESTION substance in attempt to time
stated quantity / route "get high" vomited x
suicide attempt accidental other

smells of: ETOH other
depression / sadness hallucinations visual / auditory
sleeping difficulty suicidal thoughts
anger / hostility plan: none vague specific

ALLERGIES NKDA Shellfish
drug - PCN / ASA / sulfa / latex / codeine / iodine
food -

MEDS (none) see med list

PAST MEDICAL HX (negative)
liver disease / HIV / heart disease / HTN / diabetes: insulin
prior detox
past surgeries none

SOCIAL HX → ~10 grams Cocaine
smoker 1/2 ppd (drugs) / alcohol Daily
^TB exposure / symptoms
^has been physically hurt or threatened by someone close

LNMP G P Ab pregnant / postmenop. / hyst

RN Signature [signature] (owck)

RN assigned: Michne
TIME TO ROOM: 1204 ROOM: 1D

INITIAL ASSESSMENT TIME: 1400

GENERAL APPEARANCE
no acute distress — mild / moderate (severe distress)
alert — anxious / (agitated) / dec. LOC
neat, clean — unkempt
tearful / crying

^FUNCTIONAL / NUTRITIONAL ASSESSMENT
✓ independent ADL — assisted / total care
✓ appears well nourished / hydrated — obese / malnourished
recent weight loss / gain

RESPIRATORY
✓ no resp distress — mild / moderate / severe distress
nml breath snds — wheezing / crackles / stridor
gag reflex intact — decreased breath sounds
tachypnea

CVS
regular rate — (tachycardia) / bradycardia
pulses strong — pulse deficit

NEURO
✓ oriented x 3 — disoriented to person / place / time
✓ PERRL — confused / memory loss
✓ moves all extremities — pupils unequal Right Left
nml gait — weakness / sensory loss
tremors ~~[illegible]~~
gait unsteady

PSYCH
affect appropriate — depressed / flat affect
cooperative — (uncooperative) / non communicative
maintains eye contact — lack of eye contact
nml speech — (inappropriate speech) / (behavior)
speech slurred
suicidal / homicidal ideation
delusional / flight of ideas
hallucinating visual / auditory

SKIN
✓ no evidence of trauma — laceration / abrasion
✓ warm, dry — pale / cyanotic
✓ intact — cool / diaphoretic
open wound / needle marks
skin rash/ lesion(s)

ABDOMEN
✓ nml inspection — tenderness
✓ soft, non-tender — distended

ADDITIONAL FINDINGS Agitated to bed and head cuffed - SHTPD
officer at bedside

INITIAL ACTIONS

TIME			INIT
	(ID band applied)	(ID band verified)	[initials]
	c-collar	back board	
	disrobed / (gowned)	blanket provided	
	(bed low position)	(side rails up) x! (x2)	[initials]
	(call light in reach)	(head of bed elevated)	[initials]

Nurse Signature [signature]

^ protocol available